

# PRODUCT ORDER FORM

CONTRACTED CUSTOMER:

Wakefern Food Corporation

CUSTOMER:

DIRECT:

\* ☒ X

INDIRECT: \*\*

## DIRECT ACCOUNT INFORMATION

NAME: Wakefern Food Corporation

CITY & STATE: Elizabeth, New Jersey

ACCOUNT#: 4257690

PHONE: 908-521-8424

PO#

WHSE#

DATE NEEDED:

BRAND WORTH

BRAND STYLE	Qty # (12 CS)	Ctns Per Store	(11/17/85)
Lights 85's			
Lights 100's			
Menthol Lights 85's			
Menthol Lts 100's			
Full Flavor 85's			
Full Flavor 100's			
Ultra Lights 85's			
Ultra Lights 100's			
Non Filter			
Full Flav Ment 85's			
Full Flav Ment 100's			
Full Flav Box			
Light Box			

NOTE: COMPLETE SEPARATE FORM FOR EACH DIRECT SHIPPING LOCATION

MAIL OR FAX COMPLETED FORM TO:

R.J. REYNOLDS TOBACCO COMPANY  
CUSTOMER SERVICES DEPT.-J. RUFF  
P.O. BOX 2959  
WINSTON-SALEM, NC 27102  
FAX: 910-741-2156

AUTHORIZED SIGNATURE:

DATE:

\* Direct Customer - This will serve as actual order.

\*\* Indirect Customer - This will serve as request for additional inventory to direct customer.

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